

**REVOCATION OF POWER OF  
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NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/756445
Filing Date	1/13/2004
First Named Inventor	M. Mary Sinnott, et al.
Art Unit	
Examiner Name	
Attorney Docket Number	MED-10 DIV

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number:

44270

☒ Please change the correspondence address for the above-identified application to:

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**OR**

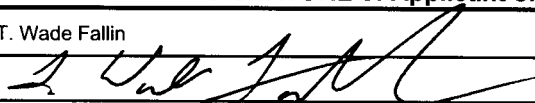
<input type="checkbox"/> Firm or Individual Name				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	T. Wade Fallin		
Signature			
Date	MAR 19 2007	Telephone	435-774-1500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1/1 forms are submitted.

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